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ABSTRACT

Questionnaires completed by 204 certified speech pathologists and audiologists were analyzed to determine the effectiveness of supervision in the Clinical Fellowship Year (CFY), a practicum for speech pathology and audiology students. Data was collected for the following aspects of the CFY: personal information, information concerning the CFY supervisor, CFY supervisory methods, and suggested changes for the CFY. Suggestions for change covered nine areas, including the needs for new forms and for improvement of professional experience prior to the CFY. (CL)

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AN INVESTIGATION INTO SUPERVISION DURING THE CLINICAL FELLOWSHIP YEAR (CFY)

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AN INVESTIGATION INTO SUPERVISION DURING THE CLINICAL FELLOWSHIP YEAR (CFY)

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Introduction

Supervision of the Clinical Fellowship Year (CFY)

Research conducted in the area of clinical supervision has been concerned primarily with supervision in college or university speech and hearing training programs and clinical services in the school systems (Halfond, 1964; Van Riper, 1965; Ward and Webster, 1965; Miner, 1967; Anderson, 1973; Schubert, 1974). Another area where supervision is of vital importance is the CFY. As one of the requirements for ASHA Certification of Clinical Competence in Speech Pathology or Audiology, a period of supervised clinical experience, the CFY, must be completed (McConnel et al., 1972).

The need for continued development of the CFY has been expressed by the CFY Committee members (McConnel et al., 1972, p. 68): "The Committee members have viewed their charge as one in which the CFY requirements are developed in stages, leading ultimately towards ideal clinical experience for the beginning worker in the profession." Recommendations concerning the CFY were requested as a vital part of the development of the CFY. The Committee stated, "Suggestions from the membership regarding criteria for the ideal CFY experience are requested by the CFY Committee. Specific recommendations should be forwarded to the Committee Chairman" (p. 68).

Purpose of the Study

The study was designed to accumulate information regarding the effectiveness of supervision during the Clinical Fellowship Year as defined in the September 1, 1972, Revised CFY Guidelines.

Definition and Purpose of the CFY

The Clinical Fellowship Year is defined as no less than nine months of full-time professional employment (with full-time employment defined as a minimum of thirty hours of work per week) under the supervision of one who holds the Certificate of Clinical Competence in the desired area of certification. This requirement, however, may also be fulfilled through extended part-time employment. In an announcement concerning the CFY (Important Announcement, Asha, 1970), the CFY was defined as "a quality learning year." It was noted, however, that many important ingredients of a "quality" year were not defined.

A major purpose of the CFY is to improve the clinical effectiveness of the CFY candidate. In the Revised Clinical Fellowship Year Guidelines (Revised CFY Guidelines, Asha, 1972, p. 68), an explanation for the need of the CFY was given:

> The American Speech and Hearing Association Maintains that academic training alone is not sufficient for preparation to function as an independent, competent, professional in the practice of Speech Pathology and Audiology. Therefore, a period of supervised, clinical experience in an appropriate clinical setting and the successful completion of a national examination are necessary components of the total program of professional preparation. The period of supervised clinical experience, the Clinical Fellowship Year, if properly planned and monitored, constitutes a useful and necessary transition from trainee status to the status of a mature, independent professional.

Guidelines on the Supervision of the CFY

Under the Revised Guidelines, the supervision provided by the CFY supervisor is designed to monitor and to improve the professional effectiveness of the CFY candidate. The Revised Guidelines specify that supervision of the CFY

candidate must include direct observation. The amount of direct observation is not specified; however, the Guidelines recommend that the CFY supervisor base his total evaluation on no less than 27 instances of monitoring activities (approximately three per month). Other supervisory methods such as audio or video tape recordings, however, should not be substituted for direct observation. Only individuals hold the CCC in Speech Pathology or Audiology are eligible to supervise candidates during the CFY.

The CFY Committee has recently prepared revisions to the current CFY Guidelines. These revisions have been approved by the American Boards of Examiners in Speech Pathology and Audiology (ABESPA) and will become effective September 1, 1976 (New CFY Requirements, Asha, 1976). Approved changes in the CFY Guidelines which directly affect the area of supervision during the CFY include the following (specific changes have been underlined for clarification purposes):

1. The CFY candidate must request supervision in the desired area from a person who holds the Certificate of Clinical Competence or its equivalent in that area. (The ABESPA defines equivalency to the CCC as meeting the academic, practicum, work experience, and examination requirements for the CCC.)

2. The CFY supervisor must base his total evaluation on no less than 36 occasions of monitoring activities (a minimum of four hours each month). The monitoring activities must include at least 18 on-site observations (a minimum of two hours each month).

It is apparent from a review of relevant literature that the area of supervision is of vital importance in the growth of professional skills. ASHA supports the need for supervision during the CFY as a necessary component for a "quality learning year." Due to the growing concern about the qualifications

of the CFY supervisor and the importance of quality supervision during the CFY, this study was designed to survey ASHA members certified in Speech Pathology or Audiology under the Revised CFY Guidelines (effective September 1, 1972, through December 31, 1975).

In an effort to accumulate information regarding the effectiveness of the supervision during the CFY, answers to the following specific questions were sought.

1. What changes in the CFY Guidelines are suggested?
2. Do the subjects view the CFY as a necessary component of the CCC?
3. What are the known qualifications of the CFY supervisor other than the CCC requirements?
4. Did the supervisory methods used during the CFY provide an adequate evaluation of the CFY candidate's professional capabilities?
5. Did the supervisory methods used during the CFY provide for modification of the CFY candidate's professional skills?
6. What are the major supervisory methods used to supervise CFY candidates during the CFY?

For the purpose of this study, supervisory methods are defined as: on-site (direct) observation of therapy; indirect (audio or video tapes) observation of therapy; telephone conversations; mailed correspondence (other than audio or video tapes); on-site conferences following therapy for purposes of feedback on therapeutic methods; other feedback methods (written, taped, as specified); and objective evaluation systems as specified.

Data Accumulation

Questionnaires were mailed to certified ASHA members in Speech Pathology or Audiology meeting the requirements for membership in ASHA under the Revised CFY

Guidelines (September 1, 1972, through December 31, 1975). Subjects for the study were obtained from the Asha publications under the title of Newly Certified Members (NCM) (Newly Certified Members, Asha, 1973a; 1973b; 1973c; 1974a; 1974b; 1975a; 1975b). Approximately one-half of those certified ASHA members whose names appeared in both the above mentioned NCM lists and the 1976 Asha Directory were then randomly selected for inclusion in the study. The subjects were proportionately selected according to the total number of members certified in Speech Pathology and the total number of members certified in Audiology. A total of 800 questionnaires were mailed to members certified in Speech Pathology and 200 to members certified in Audiology. Those members certified in both Speech Pathology and Audiology were mailed two questionnaires with instructions to complete one questionnaire for each certified area.

Following the return of the response forms, each item on the questionnaire was tallied in terms of the actual number of persons who responded to each answer choice. Recommended changes in the CFY were grouped in categories and presented in the order of most to least number of responses received for each category.

Results and Discussion

A termination date for receiving completed questionnaires was set for 30 days following the original mailing date (February 16, 1976) of all questionnaires. On March 17, 1976, of the 1000 questionnaires mailed, 204 had been returned completed. In addition, information reported on 14 questionnaires received after termination date was included in the recommended changes (question number 78 on the questionnaire) second of the data. Therefore, the number of respondents sampled in this study was 21.8 percent of the potential respondents.

Georgraphically, 43 of the 50 states and three provinces of Canada (Ontario, Alberta and Quebec) were represented among the sites at which the candidate's Clinical Fellowship Years were completed. Those states not represented were: Alaska, Hawaii, Idaho, New Hampshire, New Mexico, Vermont and Wyoming.

The questionnaire was designed to investigate four specific areas: (1) Personal Information (CFY candidate), (2) Information Concerning CFY Supervisor, (3) Supervisory Methods, and (4) Suggested Changes for the CFY.

The data obtained from the questionnaire are presented in two major categories: (1) Results obtained from the questionnaire, and (2) Suggested changes in the CFY. Explanations are included following questions which require further clarification or discussion.

I. Results Obtained from the Questionnaire

A. PERSONAL INFORMATION

	Number	Percentage
1. I am completing this questionnaire for CFY in:		
0. No response	0	0.0
1. Speech Pathology	164	80.4
2. Audiology	40	19.6
2. Age		
0. No response	0	0.0
1. Under 25	16	7.8
2. 26-32	155	76.0
3. 33-39	14	6.9
4. 40-45	11	5.4
5. Over 45	8	3.9
3. Sex		
0. No response	4	2.0
1. Male	42	20.5
2. Female	158	77.5

	Number	Percentage	Full Number	Full Percentage	Half Number	Half Percentage	Less than Half Number	Less than Half Percentage
4. Current employment								
0. No response	1	0.5	0	0.0	0	0.0	0	0.0
1. Speech Pathology	35	17.1	95	46.5	10	4.9	5	2.5
2. Audiology	6	2.9	29	14.2	0	0.0	2	1.0
3. Other	5	2.5	3	1.5	0	0.0	0	0.0
4. Unemployed	12	5.9	1	0.5	0	0.0	0	0.0

	Number	Percentage
5. Please give the date your CFY application was approved		
0. No response	22	10.7
1. 1969	3	1.5
2. 1970	4	2.0
3. 1971	15	7.4
4. 1972	68	33.5
5. 1973	60	29.4
6. 1974	28	13.5
7. 1975	4	2.0
6. Please give the date you completed the CFY.		
0. No response	10	4.9
1. 1969	2	1.0
2. 1970	5	2.5
3. 1971	4	2.0
4. 1972	29	14.3
5. 1973	81	39.6
6. 1974	60	29.4
7. 1975	13	6.3
7. Please give the date you received the CCC as listed on the certificate.		
0. No response	11	5.4
1. 1969	1	0.5
2. 1970	2	1.0
3. 1971	1	0.5
4. 1972	6	3.0
5. 1973	87	42.6
6. 1974	60	29.4
7. 1975	36	17.6

	Number	Percentage
8. Please give the area(s) in which you received the CCC.		
0. No response	0	0.0
1. Speech Pathology	161	78.9
2. Audiology	39	19.1
3. Both	4	2.0
9. Was the CFY completed in:		
0. No response	2	1.0
1. 9 months, full-time employment	186	91.2
2. 18 months, 15-19 hrs. per wk.	4	2.0
3. 15 months, 20-24 hrs. per wk.	6	2.9
4. 12 months, 25-29 hrs. per wk.	6	2.9
10. Was the work environment of the CFY at an institution accredited by the Professional Service Board of the ABESPA?		
0. No response	13	6.4
1. Yes	61	29.9
2. No	130	63.7

11. What was the geographic location of CFY experience?

As previously discussed, 43 states and three Canadian Provinces were represented for the geographical site of the candidate's CFY. Those states not represented were: Alaska, Hawaii, Idaho, New Hampshire, New Mexico, Vermont and Wyoming.

	Number	Percentage
12. What was the type of CFY experience?		
0. No response	4	2.0
1. School Setting	96	47.0
2. Rehabilitation Setting	24	11.7
3. University Clinical Setting	12	5.9
4. University Medical Setting	10	4.9
5. Private Speech and Hearing Clinic	23	11.3
6. Other	24	11.7
7. School and Rehabilitation Setting	1	0.5
8. School and University Clinical Setting	1	0.5
9. School Setting and Private Speech and Hearing Clinic	1	0.5
10. School Setting and Other	3	1.5

	Number	Percentage
11. School Setting, University Clinic and Rehabilitation Setting	1	0.5
12. Rehabilitation and University Clinical Setting	1	0.5
13. University Clinical and Medical Setting	1	0.5
14. University Clinical and Other	2	1.0

Those respondents who checked "Other" in the above question, indicated the type of CFY experience was in such areas as: Mental Retardation Facilities, Private and Non-Private Hospitals, Veteran Administration Hospitals, Private Practice Otolaryngology, and Pre-School Speech and Language Centers. The type of CFY experiences included a variety of settings with 50.5 percent of the respondents reporting the school setting as the major type of CFY experience.

B. INFORMATION CONCERNING CFY SUPERVISOR

	Number	Percentage
1. Was the CFY supervisor employed at the CFY work environment?		
0. No response	0	0.0
1. Yes	125	61.3
2. No	79	38.7

In question two, five and six, respondents replied if the question listed above was answered yes or no. Therefore, only a few responses were received for these questions. An adjusted percentage is given for these questions to show percentage figures for only those responding, thereby giving a more accurate representation of responses.

	Number	Percentage	Adjusted Percentage
2. If you checked "no" to number one, how far did the supervisor travel to supervise you in the CFY work environment?			
0. No response	122	58.8	
1. 0-30 miles	58	28.4	70.8
2. 31-60 miles	17	8.3	20.7

	Number	Percentage	Adjusted Percentage
3. 61-90 miles	3	1.5	3.7
4. 91-120 miles	2	1.0	2.4
5. Above 120 miles	2	1.0	2.4
6. Don't know	0	0.0	0.0
3. Please estimate your supervisor's prior experience supervising CFY candidates:			
0. No response	2	1.0	
1. Supervisor had not supervised other candidates	33	16.2	
2. Previously supervised one-two candidates	31	15.2	
3. Three-four candidates	23	11.3	
4. Five-six candidates	11	5.4	
5. Seven or more	57	27.9	
6. Don't know	47	23.0	
4. Prior to supervising your CFY experience, had the supervisor experience supervising in other speech and hearing settings (other than CFY candidates)?			
0. No response	0	0.0	
1. Yes	117	57.4	
2. No	39	19.1	
3. Don't know	48	23.5	
5. If you checked "yes" to number 4 (35 on questionnaire) please indicate area(s) of supervision:			
0. No response	85	41.6	
1. School Setting	26	12.7	21.8
2. University Clinic Setting	35	17.1	29.5
3. University Medical Setting	2	1.0	1.7
4. Rehabilitation Setting	16	7.8	13.4
5. Other	5	2.5	4.2
6. School and University Clinic	7	3.4	5.9
7. School and University Medical Center	2	1.0	1.7
8. School and Rehabilitation Setting	5	2.4	4.2
9. School and Other Setting	1	0.5	0.8
10. School, University Clinic, and University Medical Center	1	0.5	0.8
11. School, University Clinic, and Rehabilitation Setting	4	2.0	3.4
12. School, University Medical, and Rehabilitation Setting	1	0.5	0.8

	Number	Percentage	Adjusted Percentage
3. 61-90 miles	3	1.5	3.7
4. 91-120 miles	2	1.0	2.4
5. Above 120 miles	2	1.0	2.4
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3. University Medical Setting	2	1.0	1.7
4. Rehabilitation Setting	16	7.8	13.4
5. Other	5	2.5	4.2
6. School and University Clinic	7	3.4	5.9
7. School and University Medical Center	2	1.0	1.7
8. School and Rehabilitation Setting	5	2.4	4.2
9. School and Other Setting	1	0.5	0.8
10. School, University Clinic, and University Medical Center	1	0.5	0.8
11. School, University Clinic, and Rehabilitation Setting	4	2.0	3.4
12. School, University Medical, and Rehabilitation Setting	1	0.5	0.8

	Number	Percentage	Adjusted Percentage
13. School, University Clinic, University Medical, and Rehabilitation Setting	4	2.0	3.4
14. University Clinical and University Medical Setting	4	2.0	3.4
15. University Clinical and Rehabilitation Setting	3	1.5	2.5
16. University Clinical, University Medical, and Rehabilitation Setting	2	1.0	1.7
17. Rehabilitation Setting and Other	1	0.5	0.8
6. If you checked "yes" to question number 4, how many years of supervisory experience did your supervisory have prior to supervising your CFY?			
0. No response	78	38.3	
1. One-two years	16	7.8	12.7
2. Three-four years	18	8.8	14.3
3. Five-six years	8	3.9	6.3
4. About seven years	55	27.0	43.7
5. Don't know	29	14.2	23.0
7. Give the approximate number of years the supervisor was professionally employed in Speech Pathology and Audiology prior to supervising your CFY experience			
0. No response	3	1.5	
1. Zero-two years	9	4.4	
2. Three-four years	32	15.7	
3. Five-six years	17	8.3	
4. Seven-ten years	42	20.6	
5. About eleven years	81	39.7	
6. Don't know	20	9.8	

C. CFY SUPERVISORY METHODS

In questions one through seven (43-50 on the questionnaire) please estimate the percentage of supervisory time during the CFY you were supervised by the following methods.

	Number	Percentage
1. Direct Observation (on-site)		
0. No response	0	0.0
1. 0 percent	22	10.8
2. Apprx 20 percent	94	46.1
3. Apprx 40 percent	41	20.1
4. Apprx 60 percent	27	13.2
5. Apprx 80 percent	12	5.9
6. Apprx 100 percent	8	3.9
2. On-site conferences following therapy (for purposes of feedback on therapeutic methods):		
0. No response	2	1.0
1. 0 percent	24	11.8
2. Apprx 20 percent	98	48.0
3. Apprx 40 percent	40	19.6
4. Apprx 60 percent	24	11.8
5. Apprx 80 percent	10	4.9
6. Apprx 100 percent	6	2.9
3. Audio tapes of therapy (mailed to supervisor):		
0. No response	10	4.9
1. 0 percent	171	83.8
2. Apprx 20 percent	18	8.8
3. Apprx 40 percent	5	2.5
4. Apprx 60 percent	0	0.0
5. Apprx 80 percent	0	0.0
6. Apprx 100 percent	0	0.0
4. Video tapes of therapy (mailed to supervisor):		
0. No response	9	4.4
1. 0 percent	190	93.1
2. Apprx 20 percent	5	2.5
3. Apprx 40 percent	0	0.0
4. Apprx 60 percent	0	0.0
5. Apprx 80 percent	0	0.0
6. Apprx 100 percent	0	0.0
5. Telephone conversations:		
0. No response	9	4.4
1. 0 percent	98	48.0
2. Apprx 20 percent	67	32.9
3. Apprx 40 percent	19	9.3
4. Apprx 60 percent	7	3.4
5. Apprx 80 percent	3	1.5
6. Apprx 100 percent	1	0.5

	Number	Percentage
6. Mailed correspondence (other than audio or video tapes):		
0. No response	11	5.4
1. 0 percent	151	74.0
2. Apprx 20 percent	31	15.1
3. Apprx 40 percent	5	2.5
4. Apprx 60 percent	5	2.5
5. Apprx 80 percent	1	0.5
6. Apprx 100 percent	0	0.0
7. Other methods:		
0. No response	31	15.1
1. 0 percent	106	52.0
2. Apprx 20 percent	39	19.1
3. Apprx 40 percent	13	6.4
4. Apprx 60 percent	9	4.4
5. Apprx 80 percent	3	1.5
6. Apprx 100 percent	3	1.5

In questions one through seven, respondents reported the approximate percentage of supervisory time they were supervised during the CFY by direct observation, on-site conferences following therapy, audio tapes, video tapes, telephone conversations, and other methods. The responses indicated that the ranking of supervisory methods from greatest to least usage is as follows: (1) Direct observation, (2) On-site conference following therapy, (3) Telephone conversations, (4) Other methods, (5) Mailed correspondence other than audio or video tapes, (6) Audio tapes mailed to the supervisory (7) Video tapes mailed to the supervisory.

	Number	Percentage
8. Did your supervisory use objective evaluation systems to evaluate therapy methods used during the CFY?		
0. No response	5	2.5
1. Yes	19	9.3
2. No	180	88.2

9. If you checked "yes" to number 8 (51), please give the name of the system used.

The following descriptions of objective evaluation systems used during the CFY were provided: "Twice yearly evaluations," "Double checking certain points," and "Evaluation of clinical practicum." In addition, six respondents listed the following objective evaluation systems: Boone and Prescott (3), Supervisory devised (2), and DNK (No explanation was given for the meaning of this abbreviation) (1).

	Number	Percentage
10. Please check the type(s) of feedback techniques your supervisory used throughout the CFY.		
0. No response	0	0.0
1. Oral	128	62.7
2. Written	2	1.0
3. Tapes	1	0.5
4. None	4	2.0
5. Other	1	0.5
6. Oral, written	65	31.8
7. Oral, written, tapes	1	0.5
8. Oral, written, other	1	0.5
9. Oral, tapes	1	0.5
11. Was the amount of supervisory time spent in the following areas adequate to determine your professional capabilities?		
a. Assessment, evaluation and diagnostics		
0. No response	2	1.0
1. Yes	146	71.6
2. No	56	27.4
b. Professional relations		
0. No response	2	1.0
1. Yes	160	78.4
2. No	42	20.6
c. Habilitation/rehabilitation		
0. No response	3	1.5
1. Yes	138	67.6
2. No	63	30.9
d. Record keeping		
0. No response	2	1.0
1. Yes	146	71.6
2. No	56	27.4

	Number	Percentage
12. Please give on an average per week, the number of hours your professional activities were supervised (on-site).		
0. No response	5	2.5
1. Less than 1 hr. per week	111	54.4
2. 1-3 hrs.	47	23.0
3. 4-6 hrs.	19	9.3
4. 7-9 hrs.	5	2.5
5. 10 or more hrs.	17	8.3
13. Please estimate the total number of times your professional activities were directly supervised (on-site) throughout the CFY.		
0. No response	1	0.5
1. Less than 10	104	51.0
2. 10-15	26	12.7
3. 16-20	15	7.4
4. 21-25	11	5.4
5. 26-30	9	4.4
6. 31-35	8	3.9
7. 36 and above	30	14.7

It may be noted in questions 12 and 13, that although the Revised CFY Guidelines (September 1972) recommended no less than 27 instances of monitoring activities (approximately three per month), over one-half of the respondents indicated they were directly observed (on an average) less than one hour per week with fewer than ten on-site observations through the CFY experience. However, as previously discussed, the majority of respondents reported that the quantity of supervision time was adequate to assess their professional capabilities.

D. SUGGESTED CHANGES FOR THE CFY

	Number	Percentage
1. Please check the answers which best describe the CFY experience.		
0. No response	3	1.5
1. Excellent learning experience	46	22.5
2. Good learning experience	63	30.9
3. Adequate learning experience	50	24.5
4. Less than adequate learning experiences	21	10.3
5. Poor learning experience	21	10.3

	Number	Percentage
2. Without the CFY requirement, do you feel the learning experience during that year of professional employment would have been:		
0. No response	3	1.5
1. More beneficial	3	1.5
2. Equally beneficial	137	67.1
3. Less beneficial	61	29.9
3. Please check the answer which best describes the quality of supervision during the CFY.		
0. No response	2	1.0
1. Excellent	49	24.0
2. Good	56	27.5
3. Adequate	50	24.5
4. Less than adequate	28	13.7
5. Poor	19	9.3
4. Was the quantity of supervision adequate to provide the needed professional assistance?		
0. No response	3	1.5
1. Yes	145	71.1
2. No	56	27.4

5. If you checked "no" to number four (number 67 on the questionnaire) and want to comment, please do so below:

A total of 24 respondents provided comments concerning the quantity of supervision. Those comments expressing similar ideas have been grouped under representative statements recorded from questionnaires. The number following each statement represents the number of similar responses received.

1. The working situation of the supervisor did not permit enough observation time. (14)

2. I did not receive enough on-site visits. (5)

3. I did not respect the CFY supervisor's professional abilities. (2)

4. The supervisor assumed that I was competent as a result of prior work experience. (1)

5. More direct supervision of therapy methods was needed. (1)

6. I would have welcomed modeling by the supervisor. (1)

	Number	Percentage
6. Do you consider the CFY to be a necessary component for obtaining the Certificate(s) of Clinical Competence?		
0. No response	4	2.0
1. Yes	155	76.0
2. No	45	22.0
7. In general, should the current CFY supervisory requirements:		
0. No response	15	7.4
1. Be more stringent	86	42.1
2. Be less stringent	23	11.3
3. Remain the same	80	39.2
8. Do you consider the CCC alone qualifies a person to supervise other speech and hearing clinicians?		
0. No response	4	2.0
1. Yes	54	26.5
2. No	146	71.5

9. If you checked "no" to number 8 (number 71 on the questionnaire) and want to comment, please do so below:

Approximately one-half (47.7 percent) of the respondents provided comments concerning the CCC as a measure for supervisory competence. Since these comments were easily grouped into five major categories, the statements are provided in these categories in order from greatest to least number of responses.

Category 1. Responses indicating additional experience is required beyond the CCC (35)

1. Specific experiences in clinical environments beyond the CCC (two to five year period) are required. (32)

2. The determination of qualifications to supervise should not be based upon the passing of an exam such as the one now offered. The truth is in the practicum. (3)

Category 2. Responses stating the CCC is not an adequate measure of supervisory competence (27)

1. A competent clinician is not necessarily a competent supervisor. Therefore, the CCC is not a valid measure of supervisory capabilities. (24)

2. The CCC does not provide guidelines for supervision. (2)

3. The CCC simply is not enough qualification. (1)

Category 3. Responses indicating supervisory training is required (18)

1. Supervisory training and experience is required. (17)

2. The supervisor should receive information concerning an objective evaluation system. (1)

Category 4. Responses stating that the CCC is not an adequate measure of clinical competence (16)

1. The CCC doesn't qualify you to be a clinician. It is not an adequate measure of a person's capabilities. (9)

2. There are many loopholes to obtaining the CCC (Grandfathering). (5)

3. The CCC means nothing to people I know. (1)

4. Too many people obtain the CCC with little observation. (1)

Category 5. Miscellaneous responses (8)

1. Some people just cannot supervise adequately. (5)

2. The clinical supervisor needs to be someone who can teach; not someone who hires and fires as well as supervises. I wasn't free to admit points of ignorance. (1)

3. References should be required from other professionals. (1)

4. "Yes" (the CCC qualifies a person to supervise) because it protects "consumer benefits." (1)

	Number	Percentage
10. At the completion of the CFY, did you submit suggestions or constructive criticisms to the Committee on the CFY or to the Clinical Certification Board?		
0. No response	9	4.4
1. Yes	12	5.9
2. No	183	89.7
11. Have you previously received questionnaires concerning the effectiveness of the CFY?		
0. No response	7	3.4
1. Yes	4	2.0
2. No	193	94.6

	Number	Percentage
12. Was the CFY supervisory plan implemented as submitted on the CFY plan form?		
0. No response	13	6.4
1. Yes	147	72.0
2. No	44	21.6

13. If you checked "no" to number 12 (number 75 on the questionnaire) and want to comment, please do so below:

Comments to the above question included: "I received less supervision than was proposed." (2), and "video taping was not practiced." (1)

	Number	Percentage
14. Did the CFY provide for modification of behavior leading to improvement in your clinical skills?		
0. No response	9	4.4
1. Yes	124	60.8
2. No	71	34.8

II. Suggested Changes in the CFY

A major component of the CFY questionnaire was the availability for respondents to report their recommendations for changes concerning the CFY requirements. In question number 15 (number 78 on the questionnaire) comments concerning suggested changes in the CFY were given. For clarification purposes, these suggestions are grouped into nine categories and listed in order from greatest to least number of recommendations received. A total of 120 recommendations were provided by 95 of the respondents.

Category 1. Responses indicating additional qualifications beyond the CCC should be required of the supervisor (29)

1. Supervisors should be evaluated periodically and CCC members required to renew credentials by passing additional evaluations. (11)

2. The CFY supervisors should be screened and a list of possible supervisors should be given for certain georgraphical areas. (5)

3. Supervisors should be trained to supervise. Credit should be given for courses in supervision. (5)

4. CFY supervisors should be accountable. (3)

5. The supervisor should be employed full time at the CFY setting. (2)

6. Requirements in terms of experience should be made. (2)

7. More helpful information as to methodologies for supervision should be published and sent to all CFY supervisors. (1)

Category 2. Responses indicating the CFY should not be a requirement for certification (2)

1. While I grew considerably during the period of time my CFY covered, it wasn't due to my supervision. (5)

2. The CFY should be waived for those with a certain number of years prior experience. (5)

3. Specific areas of the CFY procedures are violated by both the Committee and applicant. Guidelines established by the Committee are often not met by the applicant, however, exceptions are made. (4)

4. The CCC and CFY do not necessarily indicate a qualified Speech Pathology or Audiologist. (2)

5. The CFY is bureaucratic red tape. It is a formal, time consuming bother. (2)

6. The CFY didn't change the first year's experience at all - it proved nothing. (1)

7. The year was a good experience in spite of my supervisor. (1)

8. I was a practicing speech therapist for years before receiving ASHA certification. I feel that if you have completed a good clinical graduate program, have common sense, and are innovative, the CFY is not necessary for obtaining the CCC. (1)

Category 3. Responses indicating the quantity of required observations during the CFY should be changed (19)

Responses recommending less observation (9)

1. Fewer hours of observation by the supervisor would be adequate to insure adequate performance of the candidate. (5)

2. The major problem is finding the time to provide as much supervision as is required by the CFY. Requirements should be made more realistic. (3)

3. When the supervisor is employed at the same site, observation is more readily done: off-site supervisors should indicate the number of visits required to fulfill their obligations as supervisors. (1)

Responses recommending more observation (5)

1. More on-site observation is needed if the supervisor does not work in the same place.

2. I feel I should have received more assistance. (1)

3. More hours of supervision should be required per week. (1)

4. Observations should be conducted in more than a few situations. (1)

General recommendations concerning observations (5)

1. On-site observations should be standardized. (3)

2. More guidelines concerning expected frequency of contact with the supervisor should be required (2)

Category 4. Responses recommending changes in the examination for CCC (13)

Although specific comments were not requested concerning the CCC examination, 13 respondents recommended changes in this area.

1. The CCC exam, in my opinion, does not test one's competence in the field, but rather one's ability to take multiple choice tests. (8)

2. The examination needs to be re-evaluated. (2)

3. I believe a practical exam would be in order. (1)

4. The exam should not proceed the CFY. (1)

5. The exam should proceed the CFY. (1)

Category 5. Responses indicating the required forms should be changed (10)

1. The supervision plan form is a farce. The clinician and supervisor submit what the board wants to see. (4)

2. A confidential report (not signed by the supervisor) should be required to allow the CFY candidate an opportunity to report complaints to the CFY committee. (1)

3. I feel that any complaints to the CFY committee would jeopardize my chances of completing the CFY. (1)

4. Case studies should be required in one or several disorder areas with special requirements such as a report of home visit. (1)

5. Signed forms should be required for each supervisory visit. (1)

6. A third part should evaluate the specific amount and type of observation conducted. These should be documented. (1)

7. It is extremely easy to pad the CFY plan form and have a friend who recently obtained a certificate sign as supervisor. (1)

Category 6. Responses indicating a need for improvement or professional experience prior to the CFY (7)

1. Stronger programs should be conducted at the University level. The CFY is too late. (5)

2. The CFY should be obtainable during the fifth year of graduate study. (1)

3. ASHA should concern itself with upgrading the graduate program whereby therapeutic techniques are emphasized as much as theory and eliminate the CFY. (1)

Category 7. Responses indicating requirements should be made concerning place of supervisory employment (6)

1. Supervision received from supervisors who must travel to the CFY location is less than adequate. (2)

2. The CFY supervisor should be employed full time at the CFY setting. (2)

3. The CFY should be waived for certain settings where supervision is difficult. (1)

4. The CFY could be a very useful process. As it stands now, many people are discouraged because of the locale they work in (or the type of setting) which makes it difficult to be supervised. (1)

Category 8. Responses recommending miscellaneous changes (15)

1. Supervisors should be paid in order to have qualified persons available. (2)

2. In my experience, the CFY was not taken very seriously unless the candidate was totally incompetent. (1)

3. ASHA members should be made aware of the importance of the CFY. (1)

4. More attention should be given to professional and ethical behaviors. (1)

5. Objective evaluation criterion regarding fail/pass performance is required. (1)

6. Supervisors should be sure that they are able to follow submitted plan to the fullest extent before agreeing to supervise. (1)

7. The CFY should be at least 12 months. (1)

8. I prefer to see a "team" therapy year, where the feedback is daily and hourly if necessary. (1)

9. Grandfathering should be re-examined. (1)

10. The CFY applicant may be hired as cheap labor. This is a low status position. (1)

11. The CFY is good if you are fortunate enough to be supervised by an interested and competent supervisor. (4)

Recommendations

Recommendations provided by the subjects within this study pose questions which need to be answered by academic researchers as well as the committees directly involved in developing the CFY Guidelines. Examination of the following questions is suggested to insure continued growth of the CFY.

1. Is the CCC a valid measure of supervisory competence?

The subjects of this study indicate that the CCC is not a valid measure for supervisory competence. Prior research has recommended standards and qualifications for supervisors of college and university clinical programs. The present study supports this research and indicates a need for standardization and expansion of supervisory requirements during the CFY. As indicated by the respondents, these requirements should include: a standard amount of supervisory experience in varied clinical settings, training the supervisory skills, and specific guidance for supervising CFY candidates. List of qualified supervisors should also be provided to CFY candidates.

2. Do the required CFY supervisory methods provide the candidate with the needed amount of supervision?

The number of required on-site observations and instances of monitoring activities have been standardized in the new CFY Guidelines (New CFY Requirements, Asha, 1976). Several of the respondents of this study, however, noted that supervisors who traveled to the CFY work environment did not have sufficient time to directly observe the candidate. Supervisors not employed within close proximity of the candidate's work environment may, therefore, find it difficult to fulfill the number of required on-site observations. It was also noted by the respondents that the supervisor's working situation may prevent the CFY candidates from receiving an adequate amount of supervision.

3. Do the CFY Plan and Report Form provide for accountability of both the supervisor and candidate?

The respondents noted a lack of availability to report criticisms of the supervisor on the CFY Plan and Report Form. A means for reporting accurate and confidential assessment of the CFY should be provided.

4. Do CFY supervisors and candidates view the CFY as a period for improvement in clinical effectiveness?

The purpose of the CFY as defined by ASHA should be emphasized to the CFY candidate and supervisor as a period for improvement of clinical skills. Information provided by respondents indicated the need for professional assistance and constructive rather than authoritative criticism. An attitude of cooperation and mutual concern must be developed by both the candidate and supervisor.

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